\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

morados o	ontracts/plans approved as	Description	ata a	003 11	Ot TOTIC	011710	)L 0	gariiz	I		Cost	o pian	3, 01 110	01 00311		erage		Convenience
		2 coon prion																Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County AURORA	Organization Name DAKOTACARE	Plan Name HeartLine Plus	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium) \$195.71	Beneficiary Drug Premium* \$179.39	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
AUKOKA	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	•			•			\$0.00	\$0.00	•			•		•	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	φ0.00 -	1			-				· ·
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2		l	•				\$137.92	\$53.90	•		İ	•			97	
BEADLE	DAKOTACARE	HeartLine Plus	•			1			\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		<u></u>		•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
		Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
DENNETT	DALKOTAGADE	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
BENNETT	DAKOTACARE	HeartLine Plus	•			<u> </u>			\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 1				•			\$0.00 \$0.00	\$0.00	•			•			97	•
	Secure Horizon's Direct	SecureHorizons Direct Premier Plan 200				<b>-</b> :-			\$85.00	-								-
<u> </u>	Sterling Option I	Sterling Option I				•			\$38.00	-	<b> </b>	<del>                                     </del>		<b> </b>				$\vdash$
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential				Ť			\$30.22									
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
BON HOMME	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I Wellmark Blue Cross Blue Shield of	Sterling Option I				•			\$38.00	-								
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	- 0.50								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	¢40.50		_		_			90	
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60 \$137.92	\$40.58 \$53.90		<u> </u>					90	
L		MedicareBlue PPO Enhanced Plus Rx 2		l	<u> </u>	l			\$137.92	\$55.80			1	. •		1	91	<u> </u>

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BROOKINGS	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•		(,,	•	- ,	•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential	l						• • • •	• • • • •			l					
	United Healthcare Insurance Company Wellmark Blue Cross Blue Shield of	y KX				•			\$0.00	\$0.00	•			•			97	•
		Madiana Diva DDO Farantial							<b>600.00</b>									
	South Dakota	MedicareBlue PPO Essential			•				\$30.22									
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	•
BROWN	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I Wellmark Blue Cross Blue Shield of	Sterling Option I				•			\$38.00	-								
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
BRULE	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•	1	İ	•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-			l					
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-	_				_			
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		Type of Advantage	Plan					D	rug Deduc	tible	-	Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BUFFALO	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•						97	
BUTTE	DAKOTACARE	HeartLine Plus	•		1				\$195.71	\$179.39	•			•			86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			1	•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1			1	•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200			1	•			\$85.00	-								
	Sterling Option I	Sterling Option I			1	•			\$38.00	-								
	3 - 1	UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company					•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
CAMPBELL	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus	•		•				\$137.92 \$195.71	\$53.90 \$179.39							97 86	•
CAWIPDELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	•	<del>                                     </del>	<del>                                     </del>				\$195.71	\$179.39	:	<b> </b>	-	<u> </u>		•	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		1	1	-			\$0.00	-	<del></del>	1	1	† • • • • • • • • • • • • • • • • • • •		<del>                                     </del>	31	•
	Geografionzons Direct	SecureHorizons Direct Premier Plan 200		1	1	<u> </u>			\$85.00	-	<del>                                     </del>	1	1	1		<del>                                     </del>		
	Sterling Option I	Sterling Option I		1	<del>                                     </del>	•			\$38.00	-	<del>                                     </del>	<b> </b>	<del>                                     </del>	+		<del>                                     </del>		
	Ottoming Option 1	UnitedHealthcare MedicareComp Essential		1	<del>                                     </del>	<u> </u>			ψ00.00	<del> </del>	<del>                                     </del>	<b> </b>	<del>                                     </del>	+		<del>                                     </del>		
	United Healthcare Insurance Company								\$0.00	\$0.00							97	
	Wellmark Blue Cross Blue Shield of								\$0.00	<b>\$0.00</b>		1	1	İ -			Ŭ.	-
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHARLES MIX	DAKOTACARE	HeartLine Plus	•	110	110	Jei vice	I Iaii	I Iaii	\$195.71	\$179.39	•	Reduced	(ψ230)	•	Offig	•	86	• •
OT IT TITLE O WILK	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		1		•	1		\$0.00	\$0.00	•			•		<u> </u>	97	•
	Sterling Option I	Sterling Option I		1		•	1		\$38.00	φ0.00				·			- 57	-
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
CLARK	DAKOTACARE	HeartLine Plus	•		•				\$195.71	\$179.39	<del>- :</del>			· ·			86	•
CLARK	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	Ť			•			\$0.00	\$0.00	· ·			•		<u> </u>	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-							· · ·	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company	Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
CLAY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	• • • • • • • • • • • • • • • • • • • •	Description									Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CODINGTON	DAKOTACARE	HeartLine Plus	•			00.1.00			\$195.71	\$179.39	•	11000000	(\$200)	•	O.my	·	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company	Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
CODCON	DAVOTAGADE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus							\$137.92	\$53.90	•						97	•
CORSON	DAKOTACARE		•	1					\$195.71 \$0.00	\$179.39 \$0.00	•					•	86 97	
	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 2				•			\$0.00	\$0.00	•	ļ		•			97	•
	Securemonzons Direct	SecureHorizons Direct Plan 2  SecureHorizons Direct Premier Plan 200				•			\$85.00			ļ						
	Sterling Option I	Sterling Option I		<del>                                     </del>	-	•			\$38.00	-						-		
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential				•			\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
CUSTER	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus							\$137.92 \$195.71	\$53.90 \$179.39							97 86	•
COUTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	•	<del>                                     </del>	<del>                                     </del>	•			\$0.00	\$0.00	<del>- :</del>	<b> </b>		<del>- : -</del>		<del>L -</del>	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2		<del>                                     </del>	<del>                                     </del>	•			\$0.00	-	<del>L -</del>	<b> </b>				<del>                                     </del>	31	<u> </u>
	Table 10 Inches	SecureHorizons Direct Premier Plan 200		1	1	•			\$85.00	-	1	1				1		
	Sterling Option I	Sterling Option I		1		•			\$38.00	-		1		1			1	
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of								\$0.00	<b>\$0.00</b>		1					,	
	South Dakota	MedicareBlue PPO Essential		-	•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1		-	•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•

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		Description									Cost	·				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DAVISON	DAKOTACARE	HeartLine Plus	•			00.7.00		. iuii	\$195.71	\$179.39	•	rtoddood	(\$200)	•	O.my	•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		Madiana Diva DDO Fahara ad Diva Da O							6407.00	<b>650.00</b>							97	
DAY	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus	•		•				\$137.92 \$195.71	\$53.90 \$179.39				•			86	•
DAT	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	•						\$0.00	\$0.00	•			<del>- : -</del>		•	97	- :
	Medica Insurance Company	Prime Solution Basic				·	•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx							\$0.00	\$0.00	•						97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
DEUEL	DAKOTACARE	HeartLine Plus	•	1	<b> </b>				\$195.71	\$179.39	•	1		•	-	•	86 97	•
	Humana Insurance Company Medica Insurance Company	Humana Gold Choice PFFS H1804-025 Prime Solution Basic		<del>                                     </del>	<del>                                     </del>	•	•		\$0.00 \$122.53	\$0.00 \$26.53	•	<del>                                     </del>		-:-	<u> </u>		97	•
	modica insurance company	Prime Solution Basic Prime Solution Enhanced	-	<del>                                     </del>			·		\$141.53	\$26.53	•			<del>- : -</del>			91	•
	Sterling Option I	Sterling Option I		1		•			\$38.00	φ <u>2</u> 0.33							Ŭ.	-
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential			İ				\$0.00	\$0.00		İ					97	•
	Wellmark Blue Cross Blue Shield of			<b>†</b>					ψο.οο	<b>\$</b> 0.00							Ŭ.	-
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1		-	•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	тине от реготов	Description									Cost				Cove	erage		Convenience
			M		Гуре of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DEWEY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•		$\vdash$	\$38.00	-		1						
	Wellmark Blue Cross Blue Shield of	Ctorning Option 1			+			+	ψου.συ		-	1						
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
DOUGLAS	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company	Rx				•		1 /	\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
EDMUNDS	DAKOTACARE	HeartLine Plus	٠						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential			•			$\longmapsto$	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•			ш	\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	• • • • • • • • • • • • • • • • • • • •	Description									Cost					erage		Convenience
			M		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FALL RIVER	DAKOTACARE	HeartLine Plus	٠						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential							\$0.00	<b>60.00</b>				_			97	
	United Healthcare Insurance Company	rx.		<u> </u>		•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
														-			- 55	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
FAULK	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
GRANT	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx							\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of								******	*****							T .	
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	та предостава на	Description								1,500,000	Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
GREGORY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
HAAKON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00				•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•					90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
HAMLIN	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		1		•			\$0.00	\$0.00	•	ļ		•			97	•
	Medica Insurance Company	Prime Solution Basic		1	1		٠		\$122.53	\$26.53	•	1		•			91	•
	SecureHorizons Direct	Prime Solution Enhanced SecureHorizons Direct Plan 1		1	<del>                                     </del>		•		\$141.53 \$0.00	\$26.53	•	<b> </b>		•	-	<u> </u>	91	•
	SecurerIONZONS DITECT	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200		<del>                                     </del>	-	•			\$85.00	-	-	<b> </b>	-	-	<b> </b>	<b> </b>		
	Sterling Option I	Sterling Option I		<del>                                     </del>	-	<u> </u>			\$85.00	-	-	<b> </b>	-	-	<b> </b>	<b> </b>		
	Sterning Option i	UnitedHealthcare MedicareComp Essential		<del>                                     </del>	-	⊢ <b>-</b>			φ30.00	<u> </u>	-	<b> </b>	-	-	<b> </b>	<b> </b>		
	United Healthcare Insurance Company					•			\$0.00	\$0.00	•			•			97	•
1	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								1,500,000	Cost				Cove		Convenience	
			M		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HAND	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I			1	•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of	Ŭ.						$\neg$										
	South Dakota	MedicareBlue PPO Essential			•			<b> </b>	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
HANSON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I			1	•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00							97	
	Wellmark Blue Cross Blue Shield of								44.00	40.00								
	South Dakota	MedicareBlue PPO Essential			•			<b></b>	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
	D. ((0740405	MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•						97	•
HARDING	DAKOTACARE	HeartLine Plus	٠					<del>                                     </del>	\$195.71	\$179.39	•	<b></b>		•	<u> </u>	•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		ļ		•		$\vdash$	\$0.00	\$0.00	•	ļ		•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-		ļ						
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx							\$0.00	\$0.00				•			97	•
	Wellmark Blue Cross Blue Shield of							ı l		l			l		l			1
	South Dakota	MedicareBlue PPO Essential			•			$\overline{}$	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1		-	•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced		ļ	•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•

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		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HUGHES	DAKOTACARE	HeartLine Plus	•			00.7.00			\$195.71	\$179.39	•	11000000	(\$200)	•	O,	•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential							_									
	United Healthcare Insurance Company	/ RX				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22									
	South Dakota	Medicareblue PPO Essential			•				\$30.22	-						1		
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
HUTCHINSON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00							97	
	Wellmark Blue Cross Blue Shield of								40.00	40.00							-	
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
HYDE	DAKOTACARE	HeartLine Plus	•	1					\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025				•			\$0.00 \$0.00	\$0.00	•			•			97	•
	Secure notizons Direct	SecureHorizons Direct Plan 2 SecureHorizons Direct Premier Plan 200		<del>                                     </del>	<del>                                     </del>	•			\$85.00	-	<del>                                     </del>	<b> </b>		1		<del>                                     </del>		
	Sterling Option I	Sterling Option I		<del>                                     </del>		•	-		\$38.00			1		<del> </del>		1	<del> </del>	
	g option :	UnitedHealthcare MedicareComp Essential			<b>†</b>	† -			ψ00.00	<u> </u>	<b>†</b>	1	1	1		<u> </u>	<del> </del>	
	United Healthcare Insurance Company Wellmark Blue Cross Blue Shield of			<u> </u>		•			\$0.00	\$0.00	•			•			97	•
	South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		Type of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
JACKSON	DAKOTACARE	HeartLine Plus	•			OCIVICE	ı ıaıı		\$195.71	\$179.39	•	recaucea	(ψ200)	•	Offiny	•	86	•
o, to to o t	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		1				$\vdash$	\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I		1		•		$\vdash$	\$38.00	-							· ·	
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	_								i
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
JERAULD	DAKOTACARE	HeartLine Plus	٠						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•		<u> </u>	\$85.00	-								1
	Sterling Option I  Wellmark Blue Cross Blue Shield of South Dakota	Sterling Option I  MedicareBlue PPO Essential				•		$\vdash$	\$38.00 \$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•			igsqcurve	\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•			1 '	\$137.92	\$53.90	•			•			97	•
JONES	DAKOTACARE	HeartLine Plus	٠						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•		igspace	\$38.00	-								<u> </u>
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								-
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								-
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		Гуре of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
0	and the Name	Disa Name			Regional			Demo		Beneficiary Drug	7	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County KINGSBURY	Organization Name  DAKOTACARE	Plan Name HeartLine Plus	HMO	PPO	PPO	Service	Plan	Plan	Premium) \$195.71	Premium* \$179.39	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
KINGSBURT	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	·	<del>                                     </del>	+	•			\$0.00	\$0.00	•			•		•	86 97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2		<del>                                     </del>	+	•			\$0.00	-	<u> </u>			•			97	<u> </u>
	Secure Horizons Direct	SecureHorizons Direct Premier Plan 200			1	-			\$85.00	-								
	Sterling Option I	Sterling Option I		1	1	-			\$38.00	-		1		-				
	Sterling Option i	UnitedHealthcare MedicareComp Essential		1	1	•			\$30.00	_		1		-				
	United Healthcare Insurance Company					•			\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								<u> </u>
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
LAKE	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
LAWRENCE	DAKOTACARE	HeartLine Plus	٠						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
<u> </u>		SecureHorizons Direct Premier Plan 200		<u> </u>	1	•			\$85.00	-		<u> </u>						
	Sterling Option I	Sterling Option I				•			\$38.00	-	-			1				$\vdash$
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
Q	Secretarian News	Disa Maria			Regional			Demo		Beneficiary Drug	7	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County LINCOLN	Organization Name DAKOTACARE	Plan Name HeartLine Plus	НМО	PPO	PPO	Service	Plan	Plan	Premium) \$195.71	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
LINCOLN		Humana Gold Choice PFFS H1804-025	•							\$179.39	•	ļ		•		•	86	•
	Humana Insurance Company  Medica Insurance Company	Prime Solution Basic		<del>                                     </del>	-	•	•		\$0.00 \$122.53	\$0.00 \$26.53	•			<del>- :</del>			97 91	•
	Medica insurance Company	Prime Solution Enhanced					÷		\$141.53	\$26.53	<del>- :</del>	1		<del>- :</del>			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3					·		\$0.00	φ20.33 -	•	1		-			91	•
	Geculei Iorizoris Direct	SecureHorizons Direct Premier Plan 200				· ·			\$85.00	-		1						
	Sterling Option I	Sterling Option I				- <del>:</del>			\$38.00	-		1						
	Wellmark Blue Cross Blue Shield of	Sterning Option i				•			\$30.00			1						
	South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
LYMAN	DAKOTACARE	HeartLine Plus	•	<del>                                     </del>	<del>                                     </del>		-		\$195.71	\$179.39	· :	1		•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		1					\$0.00	\$0.00		1					97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	•
MARSHALL	DAKOTACARE	HeartLine Plus	•	<u> </u>	<u> </u>		-		\$195.71	\$179.39	•	<u> </u>		•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic				1	•		\$122.53	\$26.53	•			•			91	•
	SecureHorizons Direct	Prime Solution Enhanced SecureHorizons Direct Plan 4					•		\$141.53	\$26.53	•	ļ		•			91	•
-	Secure Portzons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 200	<u> </u>	<del>                                     </del>	<del>                                     </del>	•			\$25.00 \$85.00	-	<del>                                     </del>	<b> </b>		-				
-	Sterling Option I	Sterling Option I	l	1	<del>                                     </del>	•	-		\$38.00	-	<del>                                     </del>	1	<del> </del>	1	-	<b> </b>		
-	Otening Option I	UnitedHealthcare MedicareComp Essential	-	1		<u> </u>	-		ψ30.00	<u> </u>	1	1		<b>-</b>				
	United Healthcare Insurance Company					•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•					90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		Гуре of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
0	and the Name	Disa Name			Regional			Demo		Beneficiary Drug	7	Dadasad	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County MC COOK	Organization Name  DAKOTACARE	Plan Name HeartLine Plus	HMO	PPO	PPO	Service	Plan	Plan	Premium) \$195.71	Premium* \$179.39	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
IVIC COOK	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	·	<del>                                     </del>	+	•			\$0.00	\$0.00	•	-		•		•	86 97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4		<del>                                     </del>	+	•			\$25.00	-	•	-		•			97	<u> </u>
	Securemonzons Direct	SecureHorizons Direct Premier Plan 200		1	1	-			\$85.00	-								<del></del>
	Sterling Option I	Sterling Option I		1	1	•			\$38.00	-								<del></del>
	Sterling Option i	UnitedHealthcare MedicareComp Essential		1	1	-			\$30.00	_								
	United Healthcare Insurance Company					•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90							97	
MC PHERSON	DAKOTACARE	HeartLine Plus	•	1	+ ·				\$195.71	\$179.39	-			•		•	86	•
WOTTLINGON	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	Ť		+	•			\$0.00	\$0.00	-			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			<b>†</b>	•			\$25.00	-	•			-				
	Coodici ionizono Birocc	SecureHorizons Direct Premier Plan 200			<b>†</b>	•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00							97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
MEADE	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2							\$137.92 \$195.71	\$53.90 \$179.39				•			97	•
IVIEADE	Humana Insurance Company	HeartLine Plus Humana Gold Choice PFFS H1804-025	٠	-		•	1		\$195.71	\$0.00	•			•		•	86 97	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 1		-	-	•	-		\$0.00		<u> </u>	-		<u> </u>	<b>-</b>	<b> </b>	91	<del></del>
<b>-</b>	Scoulei IOIZOIIS DIIECI	SecureHorizons Direct Premier Plan 200	-	1	1	:		-	\$85.00	-		1		<del> </del>	-	1		<del></del>
	Sterling Option I	Sterling Option I		<del>                                     </del>	+	-	1		\$38.00	-		<del>                                     </del>		<del> </del>				
	Storming Option 1	UnitedHealthcare MedicareComp Essential			t	<u> </u>			ψου.σσ	<u> </u>		<b>†</b>		<del> </del>		l		$\vdash$
	United Healthcare Insurance Company				1	•			\$0.00	\$0.00	•			•	<u> </u>		97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							,	1 7 1	Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MELLETTE	DAKOTACARE	HeartLine Plus	•				- 14.11		\$195.71	\$179.39	•		(4200)	•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company	Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential			•			1	\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58				•			90	•
MINIED	DAKOTAGARE	MedicareBlue PPO Enhanced Plus Rx 2			•			Ш	\$137.92	\$53.90							97	
MINER	DAKOTACARE	HeartLine Plus	•					₩	\$195.71 \$0.00	\$179.39 \$0.00	•					•	86 97	
	Humana Insurance Company SecureHorizons Direct	Humana Gold Choice PFFS H1804-025 SecureHorizons Direct Plan 2				•		igwdapprox	\$0.00	\$0.00	•	<u> </u>		•			97	•
	Securemonzons Direct	SecureHorizons Direct Plan 2  SecureHorizons Direct Premier Plan 200						igwdapprox	\$85.00			ļ						
	Sterling Option I	Sterling Option I				•		$\vdash \vdash \vdash$	\$38.00	-						-		
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential							\$0.00	\$0.00							97	
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
MINNEHAHA	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus			•			ш	\$137.92 \$195.71	\$53.90 \$179.39				•			97	•
IVIIININETIATIA	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	٠	1			-		\$195.71	\$179.39	-:-	<del>                                     </del>	1	•		•	86 97	-:-
<u> </u>	Medica Insurance Company	Prime Solution Basic		<del>                                     </del>		•		$\vdash \vdash$	\$0.00	\$26.53	<u> </u>	<b> </b>	-	•		-	91	
<b>—</b>	Modica insurance company	Prime Solution Enhanced		1			<u> </u>	$\vdash \vdash$	\$141.53	\$26.53	<u> </u>	1	<del> </del>	•		<del>                                     </del>	91	<del>- : -</del>
	Sterling Option I	Sterling Option I		<b>!</b>		•	÷	$\vdash \vdash \vdash$	\$38.00	-	<del>L -</del>	<b> </b>		<b>-</b>		<del>                                     </del>	31	<del></del>
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•			Ш	\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MOODY	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
		Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company	Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90				•			97	•
PENNINGTON	DAKOTACARE	HeartLine Plus	•	ļ					\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		ļ		•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4		ļ		•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200		ļ		•			\$85.00	-								
	Sterling Option I	Sterling Option I		ļ		•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
PERKINS	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus			•				\$137.92 \$195.71	\$53.90 \$179.39				•			97 86	•
LEKVINO	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	·	-	<b> </b>				\$195.71	\$179.39	<u> </u>	<b> </b>	1	•		•	97	•
<b> </b>	Sterling Option I	Sterling Option I	<b>-</b>	<del>                                     </del>	<del>                                     </del>	<u> </u>			\$38.00	\$0.00	<u> </u>	<del>                                     </del>	1	<del></del>	-	<del>                                     </del>	91	•
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential				•											07	
	Wellmark Blue Cross Blue Shield of	IV.		-	-	•			\$0.00	\$0.00	•	<del>                                     </del>	1	•			97	•
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
Carrette	Oversienties News	Dian Name	шмо		Regional PPO			Demo		Beneficiary Drug	7040	Doduced	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County POTTER	Organization Name DAKOTACARE	Plan Name HeartLine Plus	HMO	PPO	PPO	Service	Plan	Plan	Premium) \$195.71	Premium* \$179.39	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
POTTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	·	<del>                                     </del>	-	•			\$0.00	\$0.00	•	-		•		•	86 97	•
	Sterling Option I	Sterling Option I							\$38.00		•			•			97	<del></del>
	Sterling Option I	UnitedHealthcare MedicareComp Essential		<del>                                     </del>	-	•			\$30.00	-		-						<del>                                     </del>
	United Healthcare Insurance Company								\$0.00	\$0.00							97	
	Wellmark Blue Cross Blue Shield of	KX				•			\$0.00	\$0.00	•			•			97	<del></del>
	South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								ļ'
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
ROBERTS	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Medica Insurance Company	Prime Solution Basic					•		\$122.53	\$26.53	•			•			91	•
	8: 1	Prime Solution Enhanced					•		\$141.53	\$26.53	•			•			91	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
	Ctarling Option I	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								<b>——</b>
	Sterling Option I	Sterling Option I UnitedHealthcare MedicareComp Essential				•			\$38.00	-								
	United Healthcare Insurance Company Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			<u> </u>	•			\$0.00 \$30.22	\$0.00	•			•			97	•
	Souli Dakola	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
SANBORN	DAKOTACARE	HeartLine Plus	•	ļ	ļ				\$195.71	\$179.39	•	<b> </b>		•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025		<u> </u>		•			\$0.00	\$0.00	•	<u> </u>		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		<u> </u>		•			\$0.00	-		<u> </u>						<b></b>
	Charling Option I	SecureHorizons Direct Premier Plan 200		1		•	-		\$85.00	-				<b>-</b>				<del>                                     </del>
-	Sterling Option I	Sterling Option I UnitedHealthcare MedicareComp Essential	<b>-</b>	<del>                                     </del>	<del>                                     </del>	•	<b>-</b>	<b>-</b>	\$38.00	-		<del>                                     </del>			<b> </b>	<b> </b>		<del>                                     </del>
	United Healthcare Insurance Company					•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		Type of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO		Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SHANNON	DAKOTACARE	HeartLine Plus	٠						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90	•			•			97	•
SPINK	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company Sterling Option I	Humana Gold Choice PFFS H1804-025 Sterling Option I		1		•			\$0.00 \$38.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential				•			\$30.22	-								
	Godin Bakota	MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•					90	•
STANLEY	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus	•		•				\$137.92 \$195.71	\$53.90 \$179.39							97 86	•
STAINLET	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	•	1	1	•			\$195.71	\$179.39	<u> </u>	1		:		•	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		<del>                                     </del>	<u> </u>	•			\$0.00	-	† -	1	1	<u> </u>		1	, , , , , , , , , , , , , , , , , , ,	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-							İ	
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential																
	United Healthcare Insurance Company	Rx		<u> </u>		•			\$0.00	\$0.00	•	ļ		•		ļ	97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible	-	Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
SULLY	DAKOTACARE	HeartLine Plus	•					- 1	\$195.71	\$179.39	•		(4=55)	•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-						1		
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
		UnitedHealthcare MedicareComp Essential														1		
	United Healthcare Insurance Company	Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of																	
	South Dakota	MedicareBlue PPO Essential		<u> </u>	•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
TODD	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
	0. 1. 0.1.	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced			•				\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
TRIPP	DAKOTACARE	MedicareBlue PPO Enhanced Plus Rx 2 HeartLine Plus	•						\$137.92 \$195.71	\$53.90 \$179.39							97 86	•
HMFF	Humana Insurance Company	Humana Gold Choice PFFS H1804-025	•	1	<del>                                     </del>		-		\$0.00	\$0.00	<del>- :</del>	1	<b>-</b>			+ •	97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2		<del>                                     </del>	<del>                                     </del>	•	<del>                                     </del>		\$0.00	-	<del>L -</del>	<b> </b>		<del>                                     </del>		<del>                                     </del>	31	•
<del>                                     </del>	CCCC.OT IOTIZOTIO DITOOL	SecureHorizons Direct Premier Plan 200		<del>                                     </del>	<del>                                     </del>	•	<del>                                     </del>		\$85.00	-	<del>                                     </del>	<b> </b>		<del> </del>		<del>                                     </del>		
	Sterling Option I	Sterling Option I		<del>                                     </del>	1	•			\$38.00	-	<b>†</b>	1	1	1		1	1	
	'9 -p	UnitedHealthcare MedicareComp Essential							<b>\$00.00</b>	1		1		1				
	United Healthcare Insurance Company Wellmark Blue Cross Blue Shield of				-	•			\$0.00	\$0.00				•			97	•
	South Dakota	MedicareBlue PPO Essential		1	•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1			•				\$70.80	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	• • • • • • • • • • • • • • • • • • • •	Description Description								Cost					erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TURNER	DAKOTACARE	HeartLine Plus	•			00.7.00	 	\$195.71	\$179.39	•	11000000	(\$200)	•	Oy	·	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•	ì		•			97	•
	Sterling Option I	Sterling Option I				•		\$38.00	-		ì						
	United Healthcare Insurance Company Wellmark Blue Cross Blue Shield of	UnitedHealthcare MedicareComp Essential Rx				•		\$0.00	\$0.00				•			97	•
	South Dakota	MedicareBlue PPO Essential			•			\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	
		MedicareBlue PPO Enhanced Plus Rx 2			•			\$137.92	\$53.90	•			•			97	•
UNION	DAKOTACARE	HeartLine Plus	٠					\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•			•			97	•
	Sterling Option I  Wellmark Blue Cross Blue Shield of South Dakota	Sterling Option I  MedicareBlue PPO Essential				•		\$38.00 \$30.22									
	Godin Banola	MedicareBlue PPO Essential Plus Rx 1						\$70.80	\$40.58				•			90	•
		MedicareBlue PPO Enhanced						\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58				•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90	•			•			97	•
WALWORTH	DAKOTACARE	HeartLine Plus	•					\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•		\$0.00	\$0.00	•	ļ		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-		ļ						ļ
	Charling Option I	SecureHorizons Direct Premier Plan 200		1	1	<u> </u>		\$85.00	-	<b> </b>	1			<b> </b>			<del>                                     </del>
	Sterling Option I	Sterling Option I UnitedHealthcare MedicareComp Essential		1		•		\$38.00	-								-
	United Healthcare Insurance Company					•		\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential						\$30.22	_								
	South Dakota																
		MedicareBlue PPO Essential Plus Rx 1  MedicareBlue PPO Enhanced						\$70.80 \$84.02	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 1						\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2						\$137.92	\$53.90				•			97	•

\* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		Гуре of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WASHABAUGH	DAKOTACARE	HeartLine Plus	•		110	OCIVICE	ı ıaıı	i iuii	\$195.71	\$179.39	•	ricadoca	(ψ200)	•	Offiny	•	86	•
***************************************	Humana Insurance Company	Humana Gold Choice PFFS H1804-025			1				\$0.00	\$0.00	•	1		•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			1	•			\$25.00	-		1					Ü.	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of	3 -1							***************************************									
	South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90				•			97	•
YANKTON	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential			•				\$30.22	-								
		MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1			•				\$124.60	\$40.58		•		•			90	•
		MedicareBlue PPO Enhanced Plus Rx 2							\$137.92	\$53.90	•			•			97	•
ZIEBACH	DAKOTACARE	HeartLine Plus	•						\$195.71	\$179.39	•			•		•	86	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-025				•			\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$38.00	-								
	United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx				•			\$0.00	\$0.00	•			•			97	•
	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential							\$30.22	_								
	W 1 W 1 W 1	MedicareBlue PPO Essential Plus Rx 1							\$70.80	\$40.58							90	•
		MedicareBlue PPO Enhanced							\$84.02	-								
		MedicareBlue PPO Enhanced Plus Rx 1							\$124.60	\$40.58							90	•
		MedicareBlue PPO Enhanced Plus Rx 2			•				\$137.92	\$53.90							97	•